

## MEMBERSHIP FORM

## **CONTACT INFORMATION**

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First name:		Last name:
Address 1:		
Address 2:		
City:	County:	Country:
Phone:	Email	ail Address:
PAYMENT OPTI	ONS	
I will (please tick relevant	choice):	
□ <b>1.</b> Set up a r	nonthly standing order to	o Cork Left Books of €5 (see below for bank details)
□ <b>2.</b> Set up an	annual standing order to	O Cork Left Books of €60 (see below for bank details)
□ <b>3.</b> Transfer i	my annual membership fee	ee of €60 to Cork Left Books (see below for bank details)
□ <b>4.</b> Pay my a	nnual membership fee of €	f €60 □ in cash / □ by cheque (tick appropriate)
Received	On (insert date)	by (insert name)
Member Signature:		Date:
To submit your Me	mbership Form, either:	
<ul><li>Email it to t</li><li>Post it to: C</li><li>In case of ca</li></ul>	he Company Secretary: colork Left Books, 154 Deerpa ash payment, please hand	corkleftbooks@gmail.com park, Friars Walk, Cork City d in your form to a Steering Committee member and get well as the receipt below which you keep as proof of payment
MAILING LIST		
•	port. We'd like to keep in t ase tell us how you would	n touch with you about our work and your privacy is very d like to hear from us.
I'm happy to receive	e: 🗆 Emails (approx. one per m	month)
RECEIPT (For Steerin	g Committee purposes in the case o	e of cash or cheque payments: complete and give to member as proof of payment)
Have received: €60	•	
From (insert member nar	ne)	On (date)

**BANK DETAILS** (Keep these details if opting to pay by standing order or bank transfer)

Account Name: Cork Left Books Company Bank: AIB, College Rd, Cork BIC: AIBKIE2D IBAN: IE36AIBK93012126945016 Important: Please include full name as payment reference.